

**VOLUNTEER SERVICE AGREEMENT**

Distribution: Original kept with hiring office; 1 copy to Volunteer Coordinator (MAO); and 1 copy to Volunteer

NAME OF SUPERVISOR	NAME OF VOLUNTEER
DIVISION	ADDRESS
WORK LOCATION	TELEPHONE NUMBER
TELEPHONE NUMBER	EMPLOYEE PERSONNEL NUMBER

As assigned by the above-named supervisor, I will comply with all policies, procedures, rules, regulations, directions and instructions provided. I will conduct myself in accordance with those standards set forth for regular departmental employees.

- I will earn no salaries or wages as a result of this employment, and will not be entitled to unemployment benefits upon termination of this agreement.
- I will be covered under State Worker's Compensation Insurance.
- I will be reimbursed for necessary out-of-pocket expenses incurred as a result of departmental direction.
- I will be reimbursed for necessary travel and per diem at the same rates that are used by the Department of Personnel Administration for State employees.
- I may use a State or private vehicle only when authorized by the Division Chief, provided that I have a valid California Driver's license and a current state Defensive Driver Training Program Certificate; I must also be enrolled in the Department of Motor Vehicles' Employer Pull Notice Program (EPN).
- I may be reimbursed for use of my private vehicle, provided it is specifically directed, and provided that I have a valid DWR 4107, Authorization to Use Privately Owned Vehicle on State Business, on file.  
☐ Accept   ☐ Decline   Date of Defensive Driver Training Class: \_\_\_\_\_
- I may use State equipment and supplies, including safety equipment, when directed.
- I understand that my employment as a volunteer is not effective until I have a signed STD. 689, Oath of Allegiance, on file with the Department.
- I understand I will be employed as a volunteer from \_\_\_\_\_ to \_\_\_\_\_ unless terminated sooner by the Department in writing. I also may terminate this agreement at any time, provided it is in writing.
- I understand my assigned duties are as specified below.

VOLUNTEER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE
DIVISION CHIEF NAME		DIVISION CHIEF SIGNATURE (Required only if driving on State business)   DATE	

**SERVICE STATEMENT**

NAME OF *COMMITTEE
DESCRIPTION OF DUTIES

\* Committee name requested if volunteer's assignment is as a member of a citizen's advisory group or similar committee.